Volume 12 Issue 2 Spring/Summer 2009

DIABETES NEWSBEAT

Nebraska Department of Health and Human Services * Diabetes Prevention and Control Program

E-Mail: diabetes@nebraska.gov Toll-free: 1-800-745-9311

Heart-Healthy, Reduced-Calorie Diets Promote Long-term Weight Loss

Regardless of Fat, Protein, and Carbohydrate Content

INSIDE THIS ISSUE:	
Reduced-Calorie Diets	1
What You Need to Know	
About Stroke	2-3
Your Guide to Diabetes and	
Exercise	4-5
Staying Healthy with Diabetes	
While Growing Older	6-7
Tomato Juice May Lower	
Clotting in Pts with Type 2	7
Subscribe Online	7
Why Seniors Should Exercise	8
Why Kids Should Exercise	8
Commit to Quit! Reasons to	
Stop Smoking Today!	9
Not Getting Enough Activity?	
Here's How to Start	10
Recipes	11
Sign Up a Friend to Receive	

The Nebraska Diabetes Prevention and Control Program (NDPCP) is a Centers for Disease Control and Prevention grant funded program designed to help reduce the burden of diabetes in the State of Nebraska. The NDPCP works in partnership with the American Diabetes Association (ADA) and local community and healthcare groups statewide to provide education and assistance with minimizing health problems which may result from diabetes. The NDPCP

Diabetes Newsbeat

CDC Cooperative Grant No. 1U58DP001978-01

focuses on prevention through education.

The Nebraska Department of Health and Human Services is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.



Nebraska Department of Health and Human Services

Heart-healthy diets that reduce calorie intake regardless of differing proportions of fat, protein, or carbohydrate — can help overweight

and obese adults achieve and maintain weight loss, according to a study funded by the National Heart, Lung, and Blood Institute

12

(NHLBI) of the National Institutes of Health, and published Feb. 26, 2009, in the New England Journal of Medicine.

Researchers from the POUNDS LOST study found similar weight loss after six months and two years among participants assigned to four diets that differed in their proportions of these three major nutrients. The diets were low or high in total fat (20 or 40 percent of calories) with average or high protein (15 or 25 percent of calories). Carbohydrate content ranged from 35 to 65

percent of calories. The diets all used the same calorie reduction goals and were heart-healthy - low in saturated fat and

> cholesterol while high in dietary fiber. On average, participants lost 13 pounds at six months and maintained a 9 pound loss at two years. **Participants**

also reduced their waistlines by 1 to 3 inches by the end of the study. Craving, fullness, hunger, and diet satisfaction were all similar across the four diets.

"These results show that, as long as people follow a heart-healthy, reducedcalorie diet, there is more than one nutritional approach to achieving and maintaining a healthy weight," said Elizabeth G. Nabel, M.D., director, NHLBI. "This provides people who need to lose weight with the flexibility to choose an approach that they're most likely to sustain — one that is most

suited to their personal preferences and health needs."

"We were encouraged that, in addition to achieving and maintaining weight loss. study participants experienced other positive health changes as well," said Catherine M. Loria, Ph.D., a nutritional epidemiologist at NHLBI and co-author of the study. "The findings emphasize the importance of weight loss in reducing heart disease risk."

All diets improved risk factors for cardiovascular disease at both six months and two years in ways consistent with previous studies. Improved risk factors include reduced levels of triglycerides, LDL (bad) cholesterol, lowered blood pressure, and increased HDL (good) cholesterol. All diets decreased the presence of metabolic syndrome, a cluster of related conditions (overweight, high triglycerides, high blood sugar, high blood pressure, and low HDL cholesterol). which increases heart disease risk.

Continued on page 8

Department of Health and Human Services Diabetes Prevention and Control Program

Unit Administrator

Dan Cillessen, MSW

Program Manager

Kathy Goddard, RD, LMNT, CDE

Community Health Educator & Editor

Joyce Pope

Community Health Nurse Layout & Design

Andrea Riley, RN, BSN

Research Analyst

Bryan Rettig, MS

Program Website

http://www.dhhs.ne.gov/diabetes

Any portion of this publication may be reproduced for furthering the support of persons with diabetes, their families, and their healthcare providers. We encourage readers to share this newsletter with others and to send the editor comments about its contents. Comments may be sent to the address on the back page. A limited number of additional copies are available through this address.

LEARN THE SIGNS OF STROKE YOU COULD SAVE A LIFE OR HELP PREVENT DISABILITY

WHAT YOU NEED TO KNOW ABOUT STROKE

Stroke strikes fast. You should too. Call 9-1-1 immediately.

New treatments are available that can reduce the damage caused by a stroke for some victims. But these treatments need to be given soon after the symptoms start.

Knowing the symptoms of stroke, calling 9-1-1 right away, and getting to a hospital are crucial to the most beneficial outcomes after having a stroke. The best treatment is to try to prevent a stroke by taking steps to lower your risk for stroke.

KNOW YOUR SIGNS AND SYMPTOMS

A stroke, or cerebrovascular accident, occurs when the blood supply to the brain is cut off (an ischemic stroke) or when a blood vessel leading to or within the brain bursts (a hemorrhagic stroke). Without oxygen, brain cells begin to die. Death or permanent disability can result.

With timely treatment, the risk of death and disability from stroke can be lowered. It is very important to know the symptoms of a stroke and act right away.

The National Institute of Neurological Disorders and Stroke notes 5 major signs of stroke:

Sudden numbness or weakness of the face, arms, or legs.

Sudden confusion or trouble speaking or understanding others.

Sudden trouble seeing in one or both eyes.

Sudden trouble walking, dizziness, or loss of balance or coordination.

Sudden severe headache with no known cause.

All of the major symptoms of stroke appear suddenly, and often there is more than one symptom at the same time.

If you think someone is having a stroke, you should call 9-1-1 or emergency medical services immediately. Receiving immediate treatment is critical in lowering the risk of disability and even death.









Stroke Strikes Fast. You Should Too.

QUICK FACTS

Stroke is the third leading cause of death in the United States.

Stroke is a leading cause of serious long-term disability.

About 795,000 strokes occur in the United States each year.

Strokes can—and do occur at ANY age. Nearly 25% of strokes occur in people younger than age 65.

Stroke death rates are higher for African Americans than for whites, even at younger ages.

People with diabetes are twice as likely as people who do not have diabetes to have a stroke.

People with diabetes tend to have strokes at an earlier age than other people.

HEALTHY LIFESTYLE CHOICES CAN LOWER YOUR RISK

All people can take steps to lower their risk for stroke, whether they have had a stroke or not. Things you can do to lower the risk of stroke include steps to prevent and control high blood pressure, heart disease, and other chronic conditions, eating a healthy diet, maintaining a healthy weight, exercising, and not smoking.

RISK FACTORS FOR STROKE

High Blood Pressure: Control it! Treat it!

High blood pressure is the #1 cause of stroke. To help control your blood pressure, eat a balanced diet, maintain a healthy weight, be active, and always take blood pressure medication as prescribed by your healthcare provider.

Mini-Strokes (TIAs): Seek Help!

When stroke symptoms appear and disappear, call 9-1-1! You may be able to prevent a major stroke by seeking treatment from your healthcare provider.

Diabetes: Treat it! Control it!

Treating and controlling diabetes through diet, activity, and medication can delay

complications that increase your risk of stroke.

Smoking: Quit!

Smoking increases your risk of stroke by two to three times. Medical help is available through your healthcare provider or call the toll-free Nebraska Tobacco Quitline at 1-800-QUIT-NOW.

Obesity: Prevent it! Reduce it!

Being just 20 pounds overweight significantly increases your risk of stroke and other cardiovascular diseases. You can prevent obesity or reduce weight by eating a balanced diet, controlling food portion sizes, and being physically active. Even small decreases in weight can produce significant risk reduction.

High Blood Cholesterol: Control it! Treat it!

Cholesterol can build up and cause hardening of your blood vessels. This increases your risk for stroke. To help control your cholesterol, eat a balanced diet, maintain a healthy weight, be active, and always take cholesterol medication as prescribed by your healthcare provider.

http://www.dhhs.ne.gov/actfast/ http://stroke.nih.gov/ http://www.cdc.gov/Features/Stroke/

Contact:

Nebraska Cardiovascular Health Program 301 Centennial Mall South P.O. Box 95026 Lincoln, NE 68509-5044 (402) 471-2101 Page 4 Volume 12 Issue 1

YOUR GUIDE TO DIABETES AND EXERCISE

Nice weather is finally here, so what better time than now to start adding some physical activity into your day? Here are some things you should know about exercising with diabetes and simple ways to help you get started. Good luck!

Why should I exercise?

Research has shown that physical activity can

- lower your blood glucose and your blood pressure
- lower your bad cholesterol and raise your good cholesterol
- improve your body's ability to use insulin
- lower your risk for heart disease and stroke
- keep your heart and bones strong
- keep your joints flexible
- lower your risk of falling
- help you lose weight
- reduce your body fat
- give you more energy
- reduce your stress levels

Physical activity also plays an important part in preventing type 2 diabetes. A major Government study, the Diabetes Prevention Program (DPP), showed that modest weight loss of 5 to 7 percent—for example, 10 to 15 pounds for a 200-pound person—can delay and possibly prevent type 2 diabetes. People in the study used diet and exercise to lose weight.

Can I exercise any time I want?

Your health care team can help you decide the best time of day for you to exercise. Together, you and your team will consider your daily schedule, your meal plan, and your diabetes medicines. If you have type 1 diabetes, avoid strenuous exercise when you have ketones in your blood or urine. Ketones are chemicals your body might make when your blood glucose level is too high and your insulin level is too low. Too many ketones can make you sick. If you exercise when you have ketones in your blood or urine, your blood glucose level may go even higher. If you have type 2 diabetes and your blood glucose is high but you don't have ketones, light or moderate exercise will probably lower your blood glucose. Ask your health care team

whether you should exercise when your blood glucose is high.

Are there any types of physical activity I shouldn't do?

If you have diabetes complications, some kinds of exercise can make your problems worse. For example, activities that increase the pressure in the blood vessels of your eyes, such as lifting heavy weights, can make diabetic eye problems worse. If nerve damage from diabetes has made your feet numb, your doctor may suggest that you try swimming instead of walking for aerobic exercise.

When you have numb feet, you might not feel pain in your feet. Sores or blisters might get worse because you

don't notice them. Without proper care, minor foot problems can turn into serious conditions, sometimes leading to amputation. Make sure you exercise in cotton socks and comfortable, well-fitting shoes designed for the activity you are doing. After you exercise, check your feet for cuts, sores, bumps, or redness. Call your doctor if any foot problems develop.

Can physical activity cause low blood glucose?

Physical activity can cause low blood glucose, also called hypoglycemia, in people who take insulin or certain types of diabetes medicines. Ask your health care team whether your diabetes medicines can cause low blood glucose.

Low blood glucose can happen while you exercise, right afterward, or even up to a day later. It can make you feel shaky, weak, confused, grumpy, hungry, or tired. You may sweat a lot or get a headache. If your blood glucose drops too low, you could pass out or have a seizure. However, you should still be physically active. These steps can help you be prepared for low blood glucose:

Before Exercise

- Ask your health care team whether you should check your blood glucose level before exercising.
- If you take diabetes medicines that can cause low blood glucose, ask your health care team whether you should change the amount you take before you exercise or have a snack if your blood glucose level is below 100.

During Exercise

- Wear your medical identification (ID) bracelet or necklace or carry your ID in your pocket.
- Always carry food or glucose tablets so you'll be ready to treat low blood glucose. If you'll be exercising for more than an hour, check your blood glucose at regular intervals. You may need snacks before you finish.

After Exercise

 Check to see how exercise affected your blood glucose level.

Treating Low Blood Glucose

If your blood glucose is below 70, have **one** of the following right away:

- 3 or 4 glucose tablets
- 1 serving of glucose gel—the amount equal to 15 grams of carbohydrate
- 1/2 cup (4 ounces) of any fruit juice
- 1/2 cup (4 ounces) of a regular—**not diet**—soft drink
- 1 cup (8 ounces) of milk
- 5 or 6 pieces of hard candy
- honey
- 1 tablespoon of sugar or honey

After 15 minutes, check your blood glucose again. If it's still too low, have another serving. Repeat until your blood glucose is 70 or higher. If it will be an hour or more before your next meal, have a snack as well.

What should I do before I start a physical activity program?

Check with your doctor. Always talk with your doctor before you start a new physical activity program. Ask about your medicines—prescription and over-the-counter— and whether you should change the amount you take before you exercise. If you have heart disease, kidney disease, eye problems, or foot problems, ask which types of physical activity are safe for you.

Decide exactly what you'll do and set some goals. Choose:

- the type of physical activity you want to do
- the clothes and items you'll need to get ready

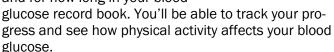
- the days and times you'll add activity
- the length of each session
- your plan for warming up, stretching, and cooling down for each session
- a backup plan, such as where you'll walk if the weather is bad
- your measures of progress

Find an exercise buddy.

Many people find they are more likely to do something active if a friend joins them. If you and a friend plan to walk together, for example, you may be more likely to do it.

Keep track of your physical activity.

Write down when you exercise and for how long in your blood





Do something nice for yourself when you reach your activity goals. For example, treat yourself to a movie or buy a new plant for the garden.

What can I do to make sure I stay active?

One of the keys to staying on track is finding some activities you like to do. If you keep finding excuses not to exercise, think about why. Are your goals realistic? Do you need a change in activity? Would another time be more convenient? Keep trying until you find a routine that works for you. Once you make physical activity a habit, you'll wonder how you lived without it.

Appreciate yourself!

If you cannot do an activity, do not be hard on yourself. Feel good about what you **can** do. Be proud of pushing yourself up out of a chair or walking a short distance. Pat yourself on the back for **trying**, even if you cannot do it the first time. It may be easier the next time!

Build up to it.

Any physical activity is better than none, so start where you can and gradually increase the amount. A few minutes of activity here and there can really add up!

http://www.diabetes.niddk.nih.gov/dm/pubs/physical_ez/index.htm http://www.win.niddk.nih.gov/publications/active.htm



Page 6 Volume 12 Issue 1

Staying Healthy with Diabetes While Growing Older

One out of every five people over age 60 has diabetes. It is a complicated disease to manage and, for older adults with other health issues, it can be somewhat overwhelming. That's why the goals for diabetes care for older adults and their plan for achieving them should take into account their unique challenges. We don't treat a child with diabetes the same as we would a 40-year-old adult, and we shouldn't treat an 80-year-old the same way either.

The overall goal for older adults who have diabetes is for them to have the best quality of life possible, but that can't happen if they are having trouble following through with their selfmanagement care instructions due to undiagnosed depression, memory problems or other medical conditions.

We've all heard that "You are as young as you feel" and even though Medicare sets the age for eligibility at 65, that doesn't tell us what is considered "old." Many people with diabetes over age 65 are managing quite well by eating in moderation, being physically active and having a positive outlook on life.

But when some older adults are diagnosed with diabetes they may have trouble coping with the changes they need to make in their routine. Some older adults who have had diabetes for years suffer a stroke or heart attack or have significant vision



loss and their blood glucose control deteriorates suddenly. When major changes like these occur, their diabetes management goals need to be reassessed.

There are several conditions that occur more commonly in older adults who have diabetes that may cause them to have a difficult time coping with daily activities.

- ★ Cognitive dysfunction or abnormalities in brain function that make it hard to problem solve, plan and organize, and be attentive.
- ★ Depression.
- ★ Vision and hearing impairments.

Research shows that a high percentage of older patients have cognitive problems associated with poor diabetes control.

People with diabetes are nearly twice as likely to be depressed as those without diabetes, and recent studies show that a high percentage of patients over 70 have symptoms of depression. But once identified, cognitive dysfunction and depression can be treated, which can improve quality of life and probably diabetes control as well. Signs that an older adult with diabetes should be screened for these conditions include:

- ★ Blood glucose control that is suddenly worse.
- ★ Subtle changes in mental status, such as being forgetful about monitoring or taking medications or making more mistakes.
- ★ Sudden difficulty coping, or acting more stressed.
- ★ Less socially active or showing signs of depression, such as sadness, hopelessness or isolation from friends and family.

It is also important to re-evaluate medications and administering of insulin for older adults with diabetes, as there have been many improvements in both. And anyone on multiple medications should take a complete list with them to every medical visit, as side effects are common with interactions of medications and can cause a chain effect. Review of all medications being taken can correct this.

(continued from page 6)

Blood glucose control is important at every age but for older adults, quality of life and safety become more important. One side effect that occurs when trying to maintain tight control of blood glucose is hypoglycemia- glucose levels falling too low. This is much more dangerous in the elderly. as they could be affected more severely and become confused. delirious, dizzy or weak. A frail person using a cane or walker who is even mildly hypoglycemic could get dizzy and fall, ending up with serious injury.

It is important for the elder person with diabetes to have a simplified care plan so they can follow it without feeling stressed. The goal is to achieve the best diabetes control possible without any episodes of hypoglycemia.

The overall objective for older adults with diabetes is to maintain good quality life and functional independence. By keeping their unique needs in mind and treating them differently, it is possible for older adults to have healthier and happier lives.

Summary of information developed by The Joslin Diabetes Center

Tomato Juice May Lower Blood Clotting In Patients With Type 2 Diabetes

Studies have shown that tomato products have lowered the occurrence of various heart ailments, so three Australian researchers initiated a study to test the effect on individuals with type 2 diabetes. The study focused on these individuals because they have an increased risk of atherosclerosis and cardiovascular complications (such as strokes caused by blood clots).

The participants were men and women aged 43-82 years old with type 2 diabetes but no history of clotting problems. None were taking aspirin, nonsteroidal anti-inflammatory drugs, or other medications that could influence clotting. The participants were randomly assigned to drink 250 milliliters of tomato juice or a placebo beverage daily for 3 weeks, and all were restricted to maintain their normal diet.

Blood samples were analyzed at the beginning of the study and again at the end. The results showed that platelet aggregation was significantly lower at the end of the trial for those drinking tomato juice. The placebo group showed no major difference in platelet aggregation.

When platelets aggregate, they form the plug that clots the vessel. In patients with diabetes, platelets are more sticky. Platelets are responsible for the blood's ability to clot, but when clotting goes too far, it can cause strokes, heart attacks and other lifethreatening problems.

Until larger studies determine why tomato juice has this benefit, the researchers caution that drinking small amounts of tomato juice may be fine for people with diabetes but they should not overdo it because the juice contains some sugar and is acidic.

Summarized from numerous published articles and a letter to the Journal of the American Medical Association.

SUBSCRIBE TO THE DIABETES NEWSBEAT ONLINE

For some time now the *Diabetes Newsbeat* has been available for viewing and downloading on line at www.dhhs.ne.gov/diabetes. Now you may also receive it automatically by going to http://www.dhhs.ne.gov/newsletters/DiabetesNewsbeat/, clicking on the "Subscribe" link and providing the information requested. There is no charge for this service and your e-mail information will not be given out to anyone. We encourage everyone to take advantage of these options now. In the future we may no longer be able to provide paper copies of our newsletter and we want as many people as possible to be able to receive it.

Page 8 Volume 12 Issue 1

8 GREAT "WHYS" SENIORS SHOULD EXERCISE

OLDER PEOPLE MAY BECOME SICK OR DISABLED MORE OFTEN FROM NOT EXERCISING, SO STAYING ACTIVE AND EXERCISING REGULARLY CAN:

- 1. Improve mood and relieve depression
- 2. Help prevent or delay many diseases and disabilities, including some types of cancer, heart disease, and diabetes
- 3. Improve health in the frail or those with diseases that accompany aging
- 4. Increase strength—carry groceries, climb stairs
- 5. Improve balance—prevent falls
- 6. Restore flexibility—speed recovery from injury
- 7. Build endurance—walk farther, dance longer
- 8. Improve quality of life



6 "BESTS" ABOUT KIDS EXERCISE

AT LEAST ONE HOUR OF PHYSICAL ACTIVITY A DAY HELPS KIDS TO:

- Feel less stressed
- 2. Feel better about themselves
- 3. Feel more ready to learn in school
- 4. Keep a healthy weight
- 5. Build sturdy muscles, bones, and joints
- 6. Sleep better at night



More time in front of the TV means less time playing and running. So parents should limit TV, video game, and computer time. They should set a good example by being physically active themselves. Exercising together can be fun for everyone. Some easy ways for kids to stay active include walking or biking to school, jumping rope, going to the playground, and participating in organized sports programs.

-NIH Medline Plus the Magazine, Winter 2009

Heart Healthy, Reduced-Calorie Diets Promote Weight Loss, continued from front page

Previous studies have shown that a loss of 5 to 10 percent of body weight will help reduce risk factors for heart disease and other medical conditions. In this study, 15 percent of patients achieved a 10 percent weight loss after two years.

"This new information should focus weight loss approaches on reducing calorie intake rather than any particular proportions of fat, protein or carbohydrate," said Frank M. Sacks, M.D., principal investigator of POUNDS LOST and Professor of Cardiovascular Disease Prevention in the Nutrition Department at the Harvard School of Public Health.

While the design of the POUNDS LOST study called for physical activity targets to be set at 90 minutes per week, many people need more physical activity in order to achieve their weight loss goals. For more information, see the 2008 Physical Activity Guidelines for Americans at www.health.gov/paguidelines.

Further information about this trial (NCT00072995) can be found at www.clinicaltrials.gov.

Part of the National Institutes of Health, the National Heart, Lung, and Blood Institute (NHLBI) plans, conducts, and supports research related to the causes, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases; and sleep disorders. The Institute also administers national health education campaigns on women and heart disease, healthy weight for children, and other topics. NHLBI press releases and other materials are available online at www.nhlbi.nih.gov.

The National Institutes of Health (NIH) — The Nation's Medical Research Agency — includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

Page 9

Commit to Quit!

Great Reasons To Stop Smoking Today!

- ★ The statewide smoking ban goes into affect on June 1st so you can no longer smoke in public places.
- ★ You know that smoking in your car or home is not good for your loved ones, especially kids.
- ★ Even Fido and Fluffy deserve clean air at home. Second-hand smoke has been linked to cancer, allergies, and respiratory problems in pets!



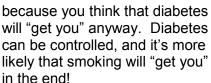
- ★ Save cash. Just think of the money you could save by not smoking. You could go to the movies AND have popcorn.
- ★ There is free help for quitting. Might as well call the quitline (see ad) and talk to people who know what you are going through; it won't cost you anything.
- ★ Cut your risk of stroke and heart attack. Having diabetes and smoking makes you 11 times more likely to die of a heart attack or stroke.
- ★ Cut your risk of having a second heart attack if you've already had one.

- ★ Get rid of your morning cough.
- ★ Have more control over your life!
- ★ Climb stairs and walk without getting out of breath.
- ★ Save your eyes. Smoking increases your chance of permanent vision loss or blindness.
- ★ Save your legs. Smokers with diabetes are more likely to develop nerve damage and twice as likely to have circulation and wound healing problems. This can lead to foot and leg infections, sometimes requiring amputation.



★ Do your gorgeous self justice. Premature wrinkling, smoker's voice, general stinkiness, and the yellow stains between your two fingers aren't doing any justice to your otherwise beautiful self!

- ★ Feel younger and healthier.
- ★ Have an easier time controlling your blood pressure and cholesterol. Smoking raises these, too.
- ★ Have an easier time controlling your blood sugar. Smoking raises your blood sugar AND cuts your body's ability to use insulin.
- ★ Reduce your chance of getting lung cancer, emphysema, and other lung diseases.
- ★ Have lovely smelling hair.
- ★ Have more energy.
- ★ Don't continue to smoke



http://www.smokefree.gov http://smokefree.ne.gov



Nebraska Tobacco Quitline

TOLL-FREE

1-800-QUIT-NOW (1-800-784-8669)



Nebraska Department of Health & Human Services
Division of Public Health

Page 10 Volume 12 Issue 1

NOT GETTING ENOUGH ACTIVITY? Here's how to start!

Barrier: I feel self-conscious when I'm active.

Solution: Be active at home while doing household

chores and find ways to move more during your day-to-day activities. Try walking with a group of friends with whom you

feel comfortable.





Barrier: I don't have enough time!

Solution: Be active for a few minutes at a time

throughout the day. Sit less. Try to walk more while doing your errands, or schedule lunchtime workouts to boost your overall activity. Plan ahead and be creative!

Barrier: I'm worried about my health or injury.

Solution: You might feel better if you talk to a

health care professional first. Find a fitness provider to guide you, or sign up for a class so you feel safe. Remember

that activity does not have to be

difficult. Géntle activity is good, too.





Barrier: I just don't like exercise

Solution: Good news-you do not have to run or do

push-ups to get the benefits of being physically active. Try dancing to the radio, walking outdoors, or being active

with friends to spice things up.

Mediteranean-ish Dishes

These heart-healthy low calorie recipes fit in well with a Mediterranean kind of diet based on plants and good fats from fish and olive oil.

Spicy Red Snapper

1 pound fresh or frozen red snapper

- 2 tablespoons lime juice
- 1/2 teaspoon paprika
- 1/4 teaspoon salt
- 1/4 teaspoon ground ginger
- 1/4 teaspoon black pepper



3 Very Lean Meat	
Calories	112
Total Fat	2 g
Saturated Fat	1 g
Cholesterol	40 mg
Sodium	 183 mg
Carbohydrate	1 g
Dietary Fiber	trace
Protein	 22g
Potassium	460 mg
Calcium	36 mg

Exchanges

Rinse fish and pat dry with paper towels. Cut fish into 4 servings. Brush lime juice on top of fish. In a small bowl, combine paprika, salt, ginger, and black pepper; rub onto fish. Arrange fish in a baking pan. Bake, uncovered, at 450 degrees for 10-15 minutes or until fish flakes easily when tested with a fork. Makes 4 servings.

Broccoli and Bean Salad

- 2 cups small chopped broccoli flowerets
- 3 tablespoons red wine vinegar
- 2 teaspoons olive oil
- 1/4 teaspoon black pepper
- 1/8 teaspoon salt
- 1 minced garlic clove
- 2 tablespoons chopped pimento
- 1/4 cup chopped onion
- 1 15-ounce can white beans, rinsed and drained



Exchanges

1 carbohydrate, 1/2 fat, 1	. vegetable
Calories	115
Total Fat	2 g
Saturated Fat	trace
Cholesterol	0 mg
Sodium	57 mg
Carbohydrate	 19 g
Dietary Fiber	5 g
Protein	6 g
Potassium	445 mg
Calcium	69 mg

Steam broccoli for 3 minutes. Combine all ingredients and chill. Makes 6 servings.

Recipes from "Healthy Diabetes Recipes and More," Nebraska Diabetes Prevention and Control



Nebraska Department of Health and Human Services Diabetes Prevention and Control Program 301 Centennial Mall South P.O. Box 95026 Lincoln, NE 68509-5026

25-47-00

Address Service Requested

Phone: 1-800-745-9311 Fax: 402-471-6446

E-mail: diabetes@nebraska.gov

http://www.dhhs.ne.gov/diabetes

1	Name:			
i				
i	City:			
ļ	State:		Zip:	
	Phone (Optional)			
	l I have acces	s to the In	ternet but do not have Email	
	I Patient/Public		Professional	
ed no	 	Mail to:	Department of Health and Human Ser	vices
1	1		Diabetes Prevention and Control Progr	am
	l I		301 Centennial Mall South	
] 		PO Box 95026	

Attn: Newsletter Mailing List

Want To Sign A Friend Up to Receive the Diabetes Newsbeat?